

was again employed, and relief as before obtained, but the solid mass remaining was greater than on any former occasion. In the last week of November, the pressure had again become urgent, and tapping for the sixth or seventh time was performed; on withdrawing the trocar, however, on this occasion, instead of the dark, homogenous, semigelatinous fluid which had flowed on former occasions, a curly semi-transparent fluid, mixed with flakes, with difficulty found its way through the canula, and a probe, introduced through the canula, passed through septa breaking up before it. The wound was closed, and the trocar was introduced higher up, out of reach of all the smaller and harder cysts; a large quantity of the usual dark-coloured fluid was discharged, but the day after, symptoms of low inflammation of the peritonæum and mucous membrane showed themselves; vomiting of green fluid, fiery redness of tongue, pain on pressure, erysipelatous redness of integuments, and very quick pulse. She died in two days afterwards.

The third point is the illustration of diagnosis of ovarian disease afforded by this case. It might have been confounded with pregnancy, or with peritonæal dropsy. It would be out of place to go into all the lengthened details of diagnosis. I shall confine myself to the most certain—the physical diagnostic signs. An enlarged uterus, and the ovarian cyst, as in this case, would equally produce an oval, smooth prominence in the abdomen, and would equally give dullness on percussion as far as the prominence extended: but the enlarged uterus would not give the distinct fluctuation which was perceptible in this case on palpation. The disease might be confounded with ordinary peritonæal dropsy, from the distinct fluctuation which was so perceptible in consequence of the great size of the large superior cyst, the thinness of its walls, as well as the extreme thinness of the abdominal parietes; but change of position shewed that the fluid was contained in a cyst, situated in front of the intestines, for the anterior portion of the abdomen was dull on percussion, no matter how position was altered, while in peritonæal dropsy, alterations of position, it is well known, in nearly all cases, cause corresponding alterations of dullness and clearness of sound on percussion, according as the intestines, distended with air and fluid, change their relations of level. In this case also percussion of the lumbar region very far back gave useful information, for, as the patient lay on her back, and percussion was made passing down from the umbilicus on each side into each lumbar region, the sound became clearer over each side between the short rib and crest of the ilium, showing that the intestines were forced back into this situation, and were not surrounded by a free fluid, which would have permitted them to float through it.

The fourth point includes the circumstances of the operation performed so often for her relief. Ovarian tumours differ so much in size and structure, that it is idle to speak of them as a class of diseases to be treated on any general principle; each must be considered and treated *per se*. In the present case there was no time, even if it held out any hope of success, of attempting absorption by medicine. The operation of excision we may now consider as abandoned, unless in cases where it is not necessary, and then it is not justifiable; so that we were reduced to paracentesis, and the only question remaining was, whether it